



ALAMANCE-CASWELL
LOCAL MANAGEMENT ENTITY

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Norman M. Melton, Jr.
Chair, Area Board

MEMORANDUM

TO: Enrolled Providers

FROM: Alicia Graham, LPC
UM Manager

DATE: February 27, 2006

RE: Communication Bulletin #7

Thank you for your patience as we continue to develop our new protocols for the initial intake and authorization process. To the extent that our protocols synchronize with yours, we are able to work together more efficiently. Therefore, we truly value your input.

In this memo, we will address and clarify the following issues:

1. How to handle “walk-in” consumers
2. How to handle “walk-in” consumers who have open records versus consumers who have closed records?
3. How to obtain additional authorizations *after the first 3 months*
4. How to get an extension for a previously obtained, but now “expired” authorization
5. Changes in how we handle referrals for Medicaid consumers (routine cases only)

1. Walk-In Consumers

When an eligible consumer “walks-in” with a request to see a clinician, we would appreciate it if you would please see the consumer. Contact us via the telephone as soon *after* the visit as possible so that we can generate your authorization. We do not want to delay the member receiving services.

2. Open or Closed Case

For our purposes, it does not matter to us whether you have an “open” or a “closed” case. We still want you to see an eligible “walk-in” consumer. Contact us after you’ve seen the consumer to request your authorization.

3. Obtaining Additional Authorizations

Once you have used the authorization covering the first three (3) months of treatment, all you need to do to request additional visits/treatment:

Option #1 - If you are requesting routine outpatient psychotherapy, simply complete an OTR
or

Option #2 - Call us to provide brief clinical justification for on-going treatment,

4. Expired Authorizations (with unused visits)

Just give us a call and ask for an extension. We will modify the authorization to allow additional time to use all the visits. You will not be asked to provide clinical justification, since these visits were previously approved.

If you ask us to add visits to the authorization, we will have to have clinical justification, and a new authorization will have to be generated.

5. Referrals of Medicaid Consumers

When a *Medicaid* consumer contacts the LME for a referral, the consumer is pre-screened to determine level of risk. If the consumer is determined to be “non-urgent” and safe for a routine appointment, the comprehensive telephonic assessment will no longer be completed at the LME. Our goal is to get the consumer set-up with a direct-care provider for a comprehensive, face-to-face evaluation. You will, therefore, no longer receive a copy of the comprehensive assessment.